

# **EXHIBIT C**

Named Insureds: Rasier, LLC  
 Rasier-CA, LLC  
 Rasier-DC, LLC  
 Rasier-PA, LLC  
 Rasier-MT, LLC  
 Hinter-NM, LLC  
 Page 1 of 2

## **FLORIDA REJECTION OR SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKED OR NON-STACKED LIMITS**

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

### **Description of coverage**

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage limits equal to the Bodily Injury Liability limits in your policy up to \$1,000,000 combined single limit unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely. If you are interested in selecting Uninsured Motorist Coverage for a limit less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits equal to or lower than the Bodily Injury Liability limits of your policy:

- I reject all Uninsured Motorist Coverage.**
- I want Uninsured Motorist Coverage in the same limits as my Bodily Injury Liability Coverage or \$1,000,000 combined single limit, whichever is less.**
- I want Uninsured Motorist Coverage at the limit selected below.**
  - .....  
 \$10,000 each person/\$20,000 each accident
  - .....  
 \$100,000 each accident
  - .....  
 \$1,000,000 combined single limit

### **Election Of Stacked or Non-Stacked Coverage**

(Do not complete if you have rejected Uninsured Motorist Coverage)

The option to select stacked Uninsured Motorist Coverage applies to Class I insureds only. Class I insureds are natural persons, their spouses and family members. This section does not apply if you are other than a Class I insured, such as a corporation or partnership.

You have the option to purchase either "Stacked Uninsured Motorist", or "Non-stacked Uninsured Motorist". The cost of Non-stacked Uninsured Motorist Coverage is lower than the cost of Stacked Uninsured Motorist Coverage.

If you select "Stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he or she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him or her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him or her. Such coverage shall be excess over Uninsured Motorist Coverage on the vehicle the injured person is occupying.
2. If an insured under the policy is occupying a motor vehicle or motorcycle owned by an insured under the policy, there is no coverage if Uninsured Motorist Coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist Coverage for any one vehicle afforded by a policy under which he or she is insured.

Uninsured Motorist Coverage will not apply under this policy if an insured under the policy: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist Coverage on the motor vehicle he or she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

**If you are a Corporation or Partnership, you are not eligible for Stacked Uninsured Motorist Coverage and your policy will be issued with Non-stacked Uninsured Motorist Coverage. Do not check either box below.**

If you are a natural person or a sole proprietorship, you must make your selection below. Your policy will be issued with "Stacked Uninsured Motorist" Coverage unless you select the "Non-stacked Uninsured Motorist" option.

**I want stacked Uninsured Motorist Coverage.**  
 **I want non-stacked Uninsured Motorist Coverage.**

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until we receive your selection on this form and it has been completed and signed.

**Signature of First Named Insured or  
Authorized Signatory of the Named Insured entity**

**Date**

**Title**

X

*Amy E. Wagner*

January 1, 2022

Head of North America Insurance